

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>CHS</i>	<i>62612</i>	<i>4/1/00</i>
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
— (Through numeral)	Canceled	A	Appeal
÷	Restricted	O	Objected

Claim	Date
1	Final Original 2/17/04
2	✓
3	
4	
5	✓
6	
7	
8	
9	
10	✓
11	
12	
13	✓
14	✓
15	✓
16	✓
17	N
18	
19	
20	
21	
22	
23	
24	N
25	=
26	
27	
28	
29	
30	
31	
32	==
33	✓
34	
35	
36	
37	
38	✓
39	==
40	
41	
42	==
43	✓
44	
45	
46	
47	
48	
49	
50	✓

Claim	Date
51	Final Original 2/17/04
52	
53	
54	
55	
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57	
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59	
60	
61	
62	
63	
64	
65	
66	
67	
68	
69	✓
70	=
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83	
84	
85	
86	
87	
88	
89	
90	
91	
92	
93	=
94	✓
95	✓
96	N
97	
98	
99	
100	

Claim	Date
101	Final Original 2/17/04
102	✓
103	
104	
105	✓
106	
107	
108	N
109	✓
110	✓
111	✓
112	✓
113	✓
114	✓
115	✓
116	✓
117	✓
118	✓
119	✓
120	✓
121	✓
122	✓
123	✓
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130	✓
131	✓
132	✓
133	✓
134	✓
135	✓
136	✓
137	✓
138	✓
139	✓
140	✓
141	✓
142	✓
143	✓
144	✓
145	✓
146	✓
147	✓
148	✓
149	✓
150	✓

Best Available Copy

If more than 150 claims or 10 actions
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